



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

March 20, 2012

Ms. Tammy Cota, Administrator
Cota's Hospitality Home
1079 South Barre Road
Barre, VT 05641

Provider #: 0365

Dear Ms. Cota:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **January 19, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure



FEB 27 2012

PRINTED: 01/30/2012
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/19/2012
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
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R100	Initial Comments: An unannounced onsite complaint investigation was initiated by the Division of Licensing and Protection on 12/16/2011 and completed on 1/19/12. The following are regulatory violations:	R100		
R128 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure medications were in accordance with physician orders for 2 applicable residents. (Resident #1, #5) Findings include: 1. Per review on 1/5/12, Resident #5, who has experienced significant neuropathic pain of their left leg as a result of a complex regional pain syndrome, was examined by a neurologist on 8/18/11 who then prescribed Neurontin (a medication used to treat nerve pain) for the resident. The order states: Neurontin 100 mg, orally at HS (hour of sleep) X 5 days, 3 Neurontin capsules orally X 5 day, 3 capsules orally twice daily x 5 days, then 3 capsules orally three times each day. Per review of the Medication Administration Record (MAR), Resident #5 has only been administered Neurontin 100 mg. at bedtime since the order. Per interview on 1/5/12 at 2:25 PM the manager was unaware of the discrepancy and confirmed the home's failure to provide Resident #5 with medications in	R128		

See attached POC's
accepted on 3/15/12
Slemy, R

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

XS0Y11

TITLE

Manager

(X6) DATE

If continuation sheet 1 of 20

PML

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R128	<p>Continued From page 1</p> <p>accordance with physician orders. In addition, per interview on the afternoon of 1/5/12, Resident #5 confirmed s/he continues to experience pain.</p> <p>2. Per record review on 12/16/11 and 1/5/12, Resident #1, who was receiving chemotherapy, was to receive a steroid, Prednisone 100 mg for five days, starting the day after chemotherapy, and Neulasta injection to decrease the risk of infection within 24 - 48 hours. Additional information from the prescriber on 1/6/12 at 3:10 PM and 1/18/12 at 10:35 AM, confirmed that chemotherapy was given every 3 weeks between 9/15/11 and 12/29/11.</p> <p>a. Per review of the Medication Administration Record (MAR) there is no evidence the Prednisone was given following the 9/15/11, 10/27/11 and 12/8/11 treatments.</p> <p>b. The wrong dose of Prednisone was documented following the 10/6/11 and 11/17/11 treatments. The MAR stated that Prednisone 25 mg (not 100 mg as ordered) was given daily at 8:00 AM or 8:00 PM. The MAR for October & November had blanks where the Prednisone was not signed as given or the Prednisone was given longer than five day course. Per interview on 1/5/12 at 10:30 AM, the Manager stated "...I know [h/she] got it...you got me..." Per interview on 1/12/12 beginning at 12:35 PM, the nurse stated "...I saw that (meds) as a big problem when I started...the incorrect dose of Prednisone in September probably did get missed."</p> <p>c. There is no evidence the injection of Neulasta was given by the nurse following chemotherapy on 10/6/11, 10/27/11 and 11/17/11 & 12/8/11. Per interview on 1/12/12 at 12:35 PM, the nurse stated "I probably did miss the November dose."</p>	R128			

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R128	Continued From page 2 Per review of the MAR, both the manager, who is not a licensed nurse, and the facility's nurse initialed that Neulasta was administered by injection on 9/16/11. The manager also initialed the MAR on 10/7/11 but denied giving the injection stating "I don't give it" during interview on 12/16/11 at 10:05 AM. d.. Per review of Resident #1's MAR, an antibiotic ordered to be given 3 times a day for 10 days was not signed off as being given at 2:30 PM on 12/20/11 and 12/21/11 and at 8:30 AM & 2:30 PM on 12/22/11. This was confirmed by the Manager on 1/5/12 at 2:15 PM.	R128			
R139 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.8 Physician Services 5.8.c Any refusal of medical care and the reasons for the refusal must be documented in the resident's record. If the resident has an attending physician, the physician shall be notified. This REQUIREMENT is not met as evidenced by: Based on interview with staff and resident and record review, the home failed to document in the medical record a resident's refusal for physical therapy and failed to notify the physician for 1 applicable resident. (Resident #6) Findings include: 1. Per review, Resident # 6 has experienced mobility issues and during a visit to their physician on 11/10/11 a physical therapy referral was prescribed to "...evaluate for gait training and improving use of knees when walking". Per	R139			

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R139	Continued From page 3 review of the resident's record, there was no evidence the resident received physical therapy. Per telephone interview during the afternoon of 1/5/12, the physical therapy department at a local health center confirmed an appointment had been booked for 11/28/11, however the resident did not come to the appointment nor was the physical therapy department notified of a cancellation. Per interview on the afternoon of 1/5/12, the co-owner stated the resident refused physical therapy, however Resident #6 stated they were fearful physical therapy would be painful so treatment was not attempted. The physician was not notified by the home, that Resident #6 had not received physical therapy.	R139			
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the nurse failed to oversee the development of a written plan of care to reflect specific care needs and monitoring of health conditions for 2 applicable residents. (Resident #1 & #5) Findings include: 1. Per review on 1/5/12, Resident #5, has received nerve blocks on 9/21/11 and 11/30/11 for the treatment of pain associated with the	R145			

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R145	Continued From page 4 resident's medical diagnosis of a complex regional pain syndrome. The resident also wears a walking boot when ambulating. The resident's care plan has not been updated to reflect the resident's diagnosis, the neuropathic pain with recent treatments or ongoing monitoring of the resident's altered skin sensation, changes in skin temperature or assessing the degree of swelling. 2. Per record review on 12/16/11 and 1/5/12, Resident #1's care plan was not revised to reflect placement of a port for chemotherapy access, chemotherapy that was given for a three month period between September 2011 and December 2011, and treatment for an infected toe. The care plan had not been updated since 4/12/11. This was confirmed by the Manager on 1/5/12 and with the nurse during a telephone interview on 1/12/12 at 12:35 PM.	R145			
R149 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (6) Maintain a current list of all treatments for each resident that shall include: the name, date treatment ordered, treatment and frequency prescribed and documentation to reflect that treatment was carried out; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to assure that the current treatment list contained the prescribed use of an orthotic boot and treatment for an infected toe for 1 applicable residents. (# 5) Findings include: 1. When ambulating, Resident #5 wears an	R149			

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R149	Continued From page 5 orthotic walking boot on their left foot. A treatment plan for the use of the boot has not been developed to reflect the frequency for the prescribed use of the boot. There is no documentation to reflect the monitoring by staff to assure the proper use of the boot and the ongoing assessment of the resident's skin integrity, sensation or swelling of the residents foot as a result of wearing the boot.	R149			
R161 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the manager failed to assure that staff were properly trained and failed to oversee that medications were administered in accordance with physician orders for two applicable records reviewed. (Resident #1 & #5) Findings include: 1. Per review on 1/5/12, Resident #5, who has experienced significant neuropathic pain of their left leg as a result of a complex regional pain syndrome, was examined by a neurologist on 8/18/11 who then prescribed Neurontin (a medication used to treat nerve pain) for the resident. The order states: Neurontin 100 mg, orally at HS (hour of sleep) X 5 days, 3 Neurontin capsules orally X 5 day, 3 capsules orally twice daily x 5 days, then 3 capsules orally three times	R161			

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R161	<p>Continued From page 6</p> <p>each day. Per review of the Medication Administration Record (MAR), Resident #5 has only been administered Neurontin 100 mg. at bedtime since the order. Per interview on 1/5/12 at 2:25 PM the manager was unaware of the discrepancy and confirmed the home's failure to provide Resident #5 with medications in accordance with physician orders. In addition, per interview on the afternoon of 1/5/12, Resident #5 confirmed s/he continues to experience pain.</p> <p>2. Per record review on 12/16/11 and 1/5/12, Resident #1, who was receiving chemotherapy, was to receive a steroid, Prednisone 100 mg for five days starting the day after chemotherapy and Neulasta injection to decrease the risk of infection within 24 - 48 hours. Additional information from the prescriber on 1/6/12 at 3:10 PM and 1/18/12 at 10:35 AM, confirmed that chemotherapy was given every 3 weeks between 9/15/11 and 12/29/11.</p> <p>a. Per review of the Medication Administration Record (MAR) there is no evidence the Prednisone was given following the 9/15/11, 10/27/11 and 12/8/11 treatments.</p> <p>b. The wrong dose of Prednisone was documented following the 10/6/11 and 11/17/11 treatments. The MAR stated that Prednisone 25 mg (not 100 mg as ordered) was given daily at 8:00 AM or 8:00 PM. The MAR for October & November had blanks where the Prednisone was not signed as given or was given longer than five day course. Per interview on 1/5/12 at 10:30 AM, the Manager stated "...I know h/she got it ...you got me..." Per interview on 1/12/12 beginning at 12:35 PM, the nurse stated "...I saw that (meds) as a big problem when I started...the incorrect dose of Prednisone in September probably did</p>	R161			

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R161	Continued From page 7 get missed." c. There is no evidence the injection of Neulasta was given by the nurse following chemotherapy on 10/6/11, 10/27/11 and 11/17/11& 12/8/11. Per interview on 1/12/12 at 12:35 PM, the nurse stated "I probably did miss the November dose." Per review of the MAR, both the manager, who is not a licensed nurse, and the facility's nurse initialed that Neulasta was administered by injection on 9/16/11. The manager also initialed the MAR on 10/7/11 but denied giving the injection stating "I don't give it" during interview on 12/16/11 at 10:05 AM. d.. Per review of Resident #1's MAR, an antibiotic ordered to be given 3 times a day for 10 days was not signed off as being given at 2:30 PM on 12/20/11 and 12/21/11 and at 8:30 AM & 2:30 PM on 12/22/11. This was confirmed by the Manager on 1/5/12 at 2:15 PM. **This deficiency remains uncorrected from the 10/12/11 follow-up survey**	R161			
R174 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (2) Medications requiring refrigeration shall be stored in a separate, locked container impervious to water and air if kept in the same refrigerator used for storage of food. This REQUIREMENT is not met as evidenced by:	R174			

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R174	Continued From page 8 Based on observation and interview, the home failed to store refrigerated medications in a separate locked container when stored in the same refrigerator used for food storage. Findings include: During a tour of the home's kitchen on 1/5/12 at 10:35 AM, 2 boxes containing Novolog Flex Pens and 4 Lantus Solostar Flex Pens boxes belonging Resident #7, who had been discharged and was no longer a resident, were observed stored in a refrigerator identified by the manager as "refrigerator #2." The manager, who was present during the tour, confirmed the medication found in the refrigerator was not stored, as required, in a locked container impervious to water and air.	R174			
R176 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (4) Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to promptly dispose of medication left after a resident was discharged. Findings include: During a tour of the home's kitchen on 1/5/12 at 10:30 AM, 6 boxes of Insulin Flex Pens (4 boxes Lantus Solostar and 2 boxes of Novolog.) prescribed for Resident #7, a former resident of	R176			

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R176	Continued From page 9 the home, were found stored in one of the kitchen refrigerators identified as "refrigerator #2." The manager of the home confirmed at the time of the observation, the medications should have been disposed off and/or returned to the pharmacy upon discharge of the resident.	R176			
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure the completion of all required background checks were conducted for two employees. Findings include: Per interview on 1/5/12 at 11:00 AM, the Manager	R181			

Done!

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R181	Continued From page 10 confirmed that background screening checks were not completed for two employees hired within the last 4 months. These employees are currently employed at the facility.	R181			
R189 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b. (3)</p> <p>For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the home failed to assure staff progress notes were documented to include changes in the resident's condition and actions taken for 2 applicable residents. (Residents #1 & #5) Findings include:</p> <p>1. Per review of the record for Resident #5 on 1/5/12, there was a lack of progress notes including changes the resident was experiencing as a result of treatments they were receiving for the treatment of a neurological condition. Although the physician had documented when specific epidural blocks were performed in the outpatient setting, there were no progress notes to reflect monitoring of the resident after treatments and pain levels the resident was experiencing. In fact, only one page of notes</p>	R189			

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R189	Continued From page 11 could be located for this resident who had been admitted to the facility over 13 months ago. The lack of documentation was confirmed on 15/12 at 5:00 PM by the manager. 2. Per interview on 1/5/12 at 2:45 PM, the manager reported that Resident #1 has developed a sore mouth since starting chemotherapy. Per record review, there was no ongoing documentation monitoring for side effects related to use of chemotherapy. In addition, Resident #1's care plan last done on 4/26/11, and the resident assessment completed on 10/13/2011, did not identify the use of chemotherapy.	R189		
R190 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on interview, the manager failed to assure the results of criminal record and adult and child abuse registry checks were conducted for all staff hired. Findings include: Per interview on 1/5/12 at 11:00 AM, the Manager confirmed that background screening checks were not completed for two employees hired within the last 4 months who are currently employed at the facility.	R190		
R216 SS=D	VI. RESIDENTS' RIGHTS	R216		

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R216	Continued From page 12 6.2 A resident shall not be required to perform work for the licensee. If a resident chooses to perform specific tasks for the licensee the resident shall receive reasonable compensation which shall be specified in a written agreement with the resident. This REQUIREMENT is not met as evidenced by: Based on staff interview, the home failed to provide a written agreement for two residents who were identified as as being compensated for specific tasks of their choosing at the facility. Findings include: Per interview on 1/5/12 at 5:00 PM, the manager stated that two residents performed kitchen/dietary duties, shoveled snow to maintain clear exits and assisted with handling chopped wood. The manager confirmed that there was no written agreement in place stating how compensation would be provided.	R216		
R240 SS=F	VII. NUTRITION AND FOOD SERVICES 7.1 Food Services 7.1.b Meal Patterns The following guide provides the basis for meal planning and will provide nearly 100% of the RDA for most residents. In cases of a resident's advanced age and very light activity, homes may consider each resident's needs with respect to portion size and frequency of eating but shall not compromise overall nutrient intake. In addition to the suggested food servings, particular emphasis must be given to fluid intake for residents.	R240		

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R240	<p>Continued From page 13</p> <table border="0"> <thead> <tr> <th>Suggested Daily Food Group</th> <th>Servings</th> <th>What Counts as a Serving</th> </tr> </thead> <tbody> <tr> <td>Bread, Cereal,</td> <td>6-11</td> <td>1 slice bread, tortilla</td> </tr> <tr> <td>Rice, Pasta</td> <td></td> <td>½ bagel, English Muffin ½ hamburger/ hot dog roll, pita ½ cup cooked cereal, rice, pasta 1 oz ready-to-eat cereal 3-4 small or 2 large crackers</td> </tr> <tr> <td>Fruit</td> <td>2-4</td> <td>¾ cup 100% fruit juice 1 medium apple, banana or other fruit ½ cup fresh, cooked or canned fruit ¼ cup dried fruit</td> </tr> <tr> <td>Vegetables</td> <td>3-5 chopped</td> <td>½ cup cooked or raw vegetables 1 cup leafy, raw vegetables ¾ cup vegetable juice</td> </tr> <tr> <td>Milk, Yogurt, yogurt</td> <td>3 or more</td> <td>1 cup milk,</td> </tr> <tr> <td>Cheese</td> <td></td> <td>1 ½ oz natural cheese</td> </tr> <tr> <td>Meat, Poultry, lean</td> <td>2 (total of</td> <td>2-3 oz cooked</td> </tr> <tr> <td>Legumes, Eggs</td> <td>4-5 oz/day)</td> <td>meat, poultry or fish</td> </tr> <tr> <td>Nuts</td> <td></td> <td>½ cup cooked legumes 1 egg 2 tablespoons peanut butter</td> </tr> </tbody> </table>			Suggested Daily Food Group	Servings	What Counts as a Serving	Bread, Cereal,	6-11	1 slice bread, tortilla	Rice, Pasta		½ bagel, English Muffin ½ hamburger/ hot dog roll, pita ½ cup cooked cereal, rice, pasta 1 oz ready-to-eat cereal 3-4 small or 2 large crackers	Fruit	2-4	¾ cup 100% fruit juice 1 medium apple, banana or other fruit ½ cup fresh, cooked or canned fruit ¼ cup dried fruit	Vegetables	3-5 chopped	½ cup cooked or raw vegetables 1 cup leafy, raw vegetables ¾ cup vegetable juice	Milk, Yogurt, yogurt	3 or more	1 cup milk,	Cheese		1 ½ oz natural cheese	Meat, Poultry, lean	2 (total of	2-3 oz cooked	Legumes, Eggs	4-5 oz/day)	meat, poultry or fish	Nuts		½ cup cooked legumes 1 egg 2 tablespoons peanut butter	R240			
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R240	<p>Continued From page 14</p> <p style="padding-left: 150px;">1/3 cup nuts</p> <p>Fluids 8 cups Water, juice, herbal tea, (8 fluid oz each) non-caffeinated Coffee, tea</p> <p>At least one serving of citrus fruit or other fruit or vegetable rich in vitamin C shall be served each day. At least one serving of fruit or vegetable rich in vitamin A shall be served at least every other day.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of the weekly menus and interview, the menus lacked the recommended daily allowance (RDA) of all food groups. Findings include:</p> <p>Per review of the weekly menus from December 12, 2011 through January 8, 2012, the menus lacked the RDA recommended servings of 2-4 servings of fruit and 3-5 servings of vegetables. Per interview on 1/12/12 at 12:35 PM, the facility's nurse stated the menus "needed improvement." This was also confirmed by the manager on 1/19/2012 at 11:40 AM who stated "I knew that...the State expects us to be perfect." Per observation, the noon meal on 1/5/12 consisted of "goulash" which contained pasta with meat and onions, bread and butter, coffee, juice and other beverages, but no servings of fruit or vegetables.</p>	R240		
R266 SS=E	<p>IX. PHYSICAL PLANT</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and</p>	R266		

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R266	Continued From page 15 comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observations and interview, the home failed to maintain an environment which is safe, functional and sanitary. Findings include: The following was observed during a tour with the manager and co-manager on 1/5/12 at 9:45 AM. 1. A cracked floor board was observed on the handicapped access ramp at the main entrance. 2. Dead bugs were observed in ceiling lights in the three resident rooms on the second floor and littered the floor near the window in a storage room on the first floor identified as the former living room. 3. The hallway and a storage room near the staircase leading to the second floor was heavily cluttered with boxes stacked upon one another, a popcorn machine and other items. 4. The wallpaper in Resident # 5's room was stained due to a previous water leak. ** This is a repeat deficiency from the 10/12/11 follow-up survey **	R266		
R268 SS=D	IX. PHYSICAL PLANT 9.2 Residents' Rooms 9.2.a Each bedroom shall have at least 100 square feet of useable floor space in single rooms and at least 80 square feet per bed in double-bed rooms, exclusive of toilets, closets,	R268		

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R268	Continued From page 16 lockers, wardrobes, alcoves or vestibules. These specifications may be waived for beds licensed prior to the adoption of the 1987 regulations. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to provide a bedroom for 1 applicable resident which met the required 100 square feet of useable floor space. During a tour of the home on the morning of 1/5/12, a room located at the end of a hallway at the back of the home was presently being utilized by Resident #6 as their bedroom. This single room was clearly less than 100 square feet, had limited floor space and was without a closet. Both the co-owner, who was present at the time of the morning tour and the later the manager on 1/5/12 at 3:20 PM, agreed the room was less than 100 square feet. Although they both acknowledged the room did not meet the required square footage, the resident has been utilizing the room for greater than 3 months. No attempt has been made to relocate the resident to provide sufficient space to reside.	R268		
R270 SS=D	IX. PHYSICAL PLANT 9.2 Residents' Rooms 9.2.c Each bedroom shall have an outside window. (1) Windows shall be openable and screened except in construction containing approved mechanical air circulation and ventilation equipment. (2) Window shades, venetian blinds or curtains	R270		

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R270	Continued From page 17 shall be provided to control natural light and offer privacy. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to assure that windows in resident rooms were easily openable. Findings include: Per observation at 5:00 PM on 1/5/12, no handles were observed on the windows in the room occupied by Resident #6. The manager stated a crank handle was required and proceeded to locate a handle attached to another window located at the end of the hallway. This handle was not available for the resident's use and it could not be assured it would open each of the windows in the resident's room.	R270		
R276 SS=A	IX. PHYSICAL PLANT 9.2 Residents' Rooms 9.2.i Each resident shall be provided adequate closet and drawer space to accommodate clothing and personal needs. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to provide adequate closet space for 1 resident assigned to a single room located on the first floor. Findings include: Per interview on 1/5/12 at 5:00 PM, the manager confirmed a room located on the first floor at the end of a hallway where Resident #6 had been transferred to reside over 3 months ago was without a closet.	R276		

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R999 SS=F	<p>MISCELLANEOUS</p> <p>4.13. b. Whenever the authority is vested in the governing board of a firm, partnership, corporation, company, association or joint stock association, there shall be appointed a duly authorized qualified manager, however named, who will be in charge of the daily management and business affairs of the home, who shall be fully authorized and empowered to carry out the provisions of these regulations, and who shall be charged with the responsibility of doing so. The manager of the home shall be present in the home an average of 32 hours per week. The 32 hours shall include time providing services, such as transporting, or attendance at educational seminars. Vacations and sick time shall be taken into account for the 32-hour requirement. In the event of extended absences, an interim manager must be appointed.</p> <p>Based on the deficiencies cited, the responsibility of the manager to assure and maintain regulatory compliance with the Residential Care Home Regulations was not met. Findings include:</p> <p>The manager failed to assure compliance with physician orders, medications were given as ordered, medications were stored and disposed of properly, menus met the recommended daily allowance for all food groups, conducting background screenings for new employees, and a safe environment. Refer to deficiencies cited in the survey statement.</p> <p>4.14 .f. The home shall make written reports resulting from inspections readily available to</p>	R999		

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R999	<p>Continued From page 19</p> <p>residents and to the public in a place readily accessible to residents where individuals wishing to examine the results do not have to ask to see them. The home must post a notice of the availability of such written reports. If a copy is requested and the home does not have a copy machine, the home must inform the resident or member of the public that they may request a copy from the licensing agency and provide the address and the telephone number of the licensing agency.</p> <p>Based on observations and interview, the written survey reports were not accessible for review by residents or the public. Per interview with the manager on 1/5/12, survey reports are kept in the office which is locked when no staff are present.</p>	R999		

Cota's Hospitality Home
1079 South Barre Rd.
Barre, Vermont 05641

February 21, 2012

Plan of Correction for survey completed January 19, 2012

R128 RESIDENT CARE AND HOME SERVICES

General Care: The nurse will oversee and train staff in the new policy that is to be instituted by March 1, 2012. The policy will cover safe medication administration. It will cover the steps to be taken for new medications and medication changes for residents. The staff will be in-serviced at the next staff meeting in March 2012. This policy will be overseen by the manager and the nurse. The following steps will be instituted in the policy that addresses the corrective action. They are as follows:

- New orders will be faxed to Kinneys Long-term Care Pharmacy immediately when received. The person faxing the order will write the date, time, and initials after it was sent.
- Place all new orders in the designated mail slot for the nurse so they can be reviewed prior to filing in chart.
- Notify nurse by cell phone, voice mail, or e-mail about new orders when they are received. The nurse will make the necessary changes on the medical records or delegate the manager to do so after speaking directly with her.
- Orders will not be filed in the charts till the nurse reviews them.
- The written findings report from MD visits will not be filed in the patients' medical record till it is reviewed by the nurse.
- All papers/orders reviewed by the nurse will be dated and signed prior to filing in the medical record. The papers will be placed in designated folder for filing after signed by the nurse.
- New medications or medication changes will be entered in the MAR by the nurse or the manager. The new entry will be dated and initialed by the nurse or manager.
- Antibiotics will be given as prescribed per the MD. They will be given till completed. If there are missed doses, the nurse or manager will be notified immediately to address the issue.

Cota's Hospitality House has a new pharmacy service. Healthcare Direct- A Division of Kinneys Long-term Care. This pharmacy has been servicing this CCH since mid-December 2011. They have been a reliable, accessible, and accurate service for medication dispensing. The previous pharmacy utilized was not able to accommodate the facility adequately. This is what has prompted the change. The medication system Health Direct provides ensures a double check prior to assisting with medication administration. This will ensure that resident's medications will be administered in accordance to physician's orders.

The nurse will check voice mail, cell phone, and e-mail regularly. The nurse's cell number and e-mail are posted in the office. All staff has access to the office. All staff has been in-serviced how to contact the nurse.

In addition, the manager will be present at the facility the following set days. Monday, Tuesday, Wednesday, and Friday. The manager will be present a minimum of 32 hours per week. The nurse will be present every Thursday. Both the manager and the nurse will be available alternative times as needed.

*POC accepted with addendum
S. Bury RN 3/15/12*

R139 RESIDENT CARE AND HOME SERVICES

Physician Services: There will be a tracking record made for scheduled appointments. This will be placed in the front of every chart. This record will indicate if the resident went to the appointment. If they did not attend, there will be a location for the staff member to document a reason i.e. refusal, weather, or resident ill etc. The nurse and manager will track this form routinely and follow up with

missed appointments. The physician will be notified by the manager or office nurse. This form will be completed by March 1, 2012. The staff will be in-serviced at the staff meeting in March 2012.

There will be a dry erase board placed in the office. This will be the communication board for the day's appointment for staff in the office. This will be completed by April 1, 2012.

Staff will be in-serviced on how to utilize board April's 2012 staff meeting.

POC accepted. Skerry, EW 3/15/12

R145 RESIDENT CARE AND HOME SERVICES

All residents care plans and assessment will be re-done by April 1st. The care plans and assessments will reflect resident's current health issues and care. The assessment and care plans will also be updated as new problems arise with a resident's health. The manager and nurse will complete this task.

The nurse will make a treatment sheet to utilize when there is a resident with a medical condition warranting assessment and monitoring. This will be the nurse's responsibility to initiate when an intervention/assessment is warranted. The task of making the form will be done by the nurse and completed by March 1, 2012.

The nurse will use a tracking sheet to ensure that the yearly evaluation is being completed when due. The nurse will oversee and ensure that the care plans and assessments are updated appropriately when significant changes occur in a resident's health status.

The nurse is new to the role of nursing overview of a level 3 CCH. She will refer to regulations or contact the Vermont State Division of Licensing and Protection with questions. The nurse has also contacted the nurse that resides at another CCH for mentoring. The nurses have already had a meeting to discuss the nursing process for a level 3 CCH in Vermont.

POC accepted. Skerry, EW 3/15/12

R 149 RESIDENT CARE AND HOME SERVICES

A treatment plan will be initiated for this resident. There will be a form made by the nurse to facilitate the process. The resident's assessment and care plan will be updated. These will both be completed by March 1 2012. Staff will be in-serviced at March's staff meeting about resident's orthotic boot and updated care plan/treatment sheet.

There is a template for treatments that can be implemented for future treatment needs of residents. The nurse will ensure this sheet gets implemented when appropriate.

POC accepted 3/15/12
Skerry, EW

R 161 RESIDENT CARE AND HOME SERVICES

Medication Management: A new policy will be made. It is titled Safe Medication Administration. The focus of the policy will be simple steps to follow when there are new medications or medication changes. This also highlights the responsible persons to make the changes, oversee the changes, and education staff about the changes as they occur. The nurse is responsible for making the policy. The nurse and manager will oversee the policy. Staff will be educated about the policy at March's staff meeting. Staff will be required to read the policy when it is complete March 1, 2012.

There is a new Pharmacy as well as a new medication administration system. The new system allows a double check prior to assisting with medication administration. Staff has been educated about new system. The nurse will check the process every week to ensure compliance and accuracy with medication administration. The manager will oversee the process the days she is at the facility.

The staff also has more access to the nurse via cell phone and e-mail. The messages will be checked regularly. The staff are required to notify the nurse when questions/concerns arise. On-going in servicing about proper medication administration and when to notify the nurse is taking place.

The nurse and manager will be the designated point people to write medication changes on the MARS. Either the nurse or manager will be present at the facility Monday through Friday to oversee new orders. All staff will notify the nurse of new orders as they arrive then place them in the designated folder for the nurse to review.

The Safe Medication Administration Policy will address how to manage antibiotics as well as how to manage missed doses. The policy will focus on staff notifying the nurse immediately as issues arise. Staff have more accessibility to the nurse. If the nurse is not available, the manager will be.

POC accepted Sherry RW 3/15/12

R174 RESIDENT CARE AND HOME SERVICES

Medication Management: Medications that require refrigeration will be placed in the designated place. There will be a refrigerator in the office that will be used for only medications. The office is locked at all times if there not a staff member in the office. The refrigerator will be in place by May 1, 2012. Medications will be promptly disposed under the supervision of the nurse when a resident is discharged from the facility.

A refrigerator has been purchased and is located in the office. This is designated for medications that require refrigeration. This unit will have the ability to be locked. POC accepted S. Sherry RW 3/15/12

R 176 RESIDENT CARE AND HOME SERVICES

Medication Management: Medications will be promptly disposed of when a resident is discharged from the facility. This will be overseen by the nurse and manager.

POC accepted Sherry RW 3/15/12

R181 RESIDENT CARE AND HOME SERVICES

Staff Services: The manager is responsible to complete back ground checks. This will be completed when a perspective employee drops off an application for employment. The back ground check will be completed prior to hiring for employment. All back ground checks are now completed by the manager for all staff members employed by Cota Hospitality House.

POC accepted Sherry RW 3/15/12

R189 RESIDENT CARE AND HOME SERVICES

In-servicing for documentation has been provided for staff. There will also be a form made by the nurse to assess/monitor changes in resident's health status. This will provide more direction with resident's care to the staff. This form will be made by the nurse and completed by March 1, 2012.

The nurse also has enlisted a mentor. The nurse's mentor is the nurse that provides nursing overview at a level 3 CCH in Central Vermont.

The nurse will use a tracking sheet to ensure that the yearly evaluation is being completed when due. The nurse will oversee and ensure that the care plans and assessments are updated appropriately when significant changes occur in a resident's health status. POC accepted Sherry RW 3/15/12

R190 RESIDENT CARE AND HOME SERVICES

The manager is responsible for completing criminal record and adult abuse registry checks for all staff. All of the staff at Cota's Hospitality House has had back ground checks completed on them. If there are new perspective employees, the back ground checks will be done prior to hiring for the facility. The manager is responsible for completing this.

POC accepted Sherry RW 3/15/12

R216 RESIDENT'S RIGHTS

There will be a manual located in the facility office that addresses residents working for the Cota House.

The manual will include a policy that must be read by the resident and/or representative. There will be a written and signed agreement by the Cota's and the resident. The agreement will outline the work to be performed by the resident and the compensation to the resident. There will be a log of the work the resident has performed, the compensation entitled to the resident, and the payout. This must be signed by the resident and Cota's. This must be filled out weekly. The agreement must be renewed at least annually. The records will be maintained by the manager. The policy will be written by the nurse and completed by April 1, 2012. *POC accepted 3/15/12 Sherry R*

R240 NUTRITION AND FOOD SERVICES

Food Services/M meal Patterns: There will be a food pyramid placed in the kitchen for a reminder to staff about portion size as well as daily food requirement. The nurse will in-service staff about nutrition in April's 2012 staff meeting. The menus will be completed at least 2 weeks in advance so the nurse can review them. In the review, the nurse will ensure that there are 2-4 servings of fruit daily, 3-5 servings of vegetables daily, bread/starch 6-11 servings per day, dairy 3 or more daily, protein 4-5 oz. per day, and a minimum of 8 cups of non-caffeinated beverages daily. These food groups will also include the daily requirements for Vitamin C and Vitamin A. An 8 oz. glass of water will be placed out for every resident with their meal. The manager will be responsible to ensure that the menus are followed.

The in-service will be in March 2012. All of the pertinent information will be relayed to staff on this day. There will be a great deal of information that is covered and will need reinforcement. April 2012 will be the in-service day that all the information will be reinforced. POC accepted 3/15/12 Sherry R

R266 PHYSICAL PLANT

Environment

1. The cracked floor board on the ramp has been temporarily repaired. The ramp will be replaced. This will be completed by May 1, 2012. The manager will oversee this project.
2. The staff will follow a cleaning schedule made by the nurse and manager. The staff will have a specific check list to follow to ensure tasks are being completed satisfactorily. The nurse will make the check list. The nurse and manager will perform random walk through inspections to ensure the cleaning is being completed to satisfactory standards. The new check list will be completed by the nurse and manager by April 1, 2012. The random walk through will happen immediately.
3. The hallway will be free of clutter. The storage room will be organized and checked monthly. This will be overseen by the manager. This has been completed.
4. The wall will be painted. The source of the leak has been repaired to prevent future issues. This will be completed by March 1, 2012. *POC accepted Sherry R 3/15/12*

R268 PHYSICAL PLANT

Resident's room: This resident has been moved to a new location. The new room has a closet, a toilet, and sinks. The new space also accommodates a dresser and bed. The resident was given prior notification of the room change. *POC accepted Sherry R 3/15/12*

R270 PHYSICAL PLANT

Residents room: The resident's room has been re-assigned. The new room location has an operating window. The room that the resident was residing in is no longer being utilized as a bedroom. The corrective action has been completed. The resident was given notification prior to re-location. *POC accepted Sherry R 3/15/12*

R276 PHYSICAL PLANT

Residents Room: This violation has been corrected. The resident was moved to another bedroom.

E-999

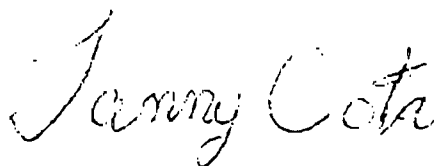
The manager will be present at the facility as a set schedule. Monday, Tuesday, Wednesday, and Friday. The hours will be at least 32 hours per week. The manager is also available PRN. The manager will be responsible to follow the plan of correction. The plan of correction has ~~been~~ ^{been} ~~that~~ ^{that} the manager will be more involved with the day to day care of the home. The nurse will verify that the manager is following the plan of correction. pen T.C. 3/15/12
C.W.

The survey reports will be posted on the manager's office door so it is available to residents, staff, and public. A notice will be posted on the entryway board that a survey was completed January 19, 2012 and copy available when requested. This will be overseen by the manager and the nurse.

POC accepted 3/15/12

Sherry, RN

Tammy Cota Manager

February 9 2012

Addendum to Survey completed January 19, 2012.

R128 and 161: The staff will be contacting the nurse when new orders arrive. If the nurse is not available, the staff will contact the office manager. The nurse will delegate the office manager to make changes on the MAR if she is not available. The nurse or the manager will be available to the staff at all times via cell phone. If one is on vacation, the other will cover during that time. The backup pharmacy if Kinney's is not able to deliver will be Hannaford's. The hours of operation and fax number will be in the Safe Medication Administration Policy.

R 145- The nurses names have been deleted.

R 149- There is a template for treatments that can be implemented for future treatment needs of residents. The nurse will ensure this sheet gets implemented when appropriate.

R174- A refrigerator has been purchased to designate for medications that require refrigeration. This unit will have the ability to be locked.

R 189 and R 145- The nurse will use a tracking sheet to ensure that the yearly evaluation is being completed when due. The nurse will oversee and ensure that the care plans and assessments are updated appropriately when significant changes occur in a resident's health status.

R 240- The in-service will be in March 2012. All of the pertinent information will be relayed to staff on this day. There will be a great deal of information that is covered and will need reinforcement. April 2012 will be the in-service day that will re-enforce all new information.